



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT INSURANCE AND SECURITIES REGULATION

810 First St., N.E., Suite 701  
Washington, D.C. 20002

D.C. CAPTIVE INSURANCE PREMIUM TAX RETURN

For Calendar Year: 20 \_\_\_\_\_

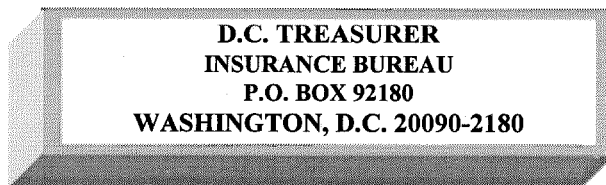
Name of Captive:	Contact Person:	Captive Id:
Mailing Address:	Phone No.: Fax No.: E-Mail:	FEIN No: -
Street Address:	Date Licensed in D.C.:	
Former Name, Captive Id and/or address if Changed Since Last Captive Premium Tax Return:		

Pursuant to D.C. Code § 31-3915, captive insurance companies must file a premium tax return by February 2 of each year. Amounts of direct written premiums and assumed reinsurance premiums should agree with captive Schedule \_\_\_\_\_. Please attach a reduced (8 1/2 x 11) copy of Schedule \_\_\_\_\_ to the captive premium tax return.

Line	(\$ Millions	Direct Written Premiums	Tax Rate	Premium Tax
1.	Total Direct Written Premiums	\$ _____		
2.	(First Twenty) 0-20	\$ _____	x 0.40%	= \$ _____
3.	(Second Twenty) 20-40	\$ _____	x 0.20%	= \$ _____
4.	(Over Forty) 40+	\$ _____	x 0.075%	= \$ _____
5.			Direct Written Premium Tax (Sum Lines 2-4)	= \$ _____
6.	Total Assumed Reinsurance Premiums	\$ _____		
7.				
8.	(First Twenty) 0-20	\$ _____	x 0.225%	= \$ _____
9.	(Second Twenty) 20-40	\$ _____	x 0.150%	= \$ _____
10.	(Over Forty) 40+	\$ _____	x 0.025%	= \$ _____
11.			Direct Written Premium Tax (Sum Lines 8-10)	= \$ _____
12.			Grand Total Premium Tax (Line 5 + Line 11)	= \$ _____
13.		Please pay the greater of Line 12 or line 13.	Captive Minimum Premium Tax	= \$ 5,000

For Dept. Use Only:  
LOCKBOX  
BATCH # \_\_\_\_\_

**Captive premium tax checks should be made payable to the D.C. TREASURER.**  
**Please send tax return and checks to the following (LOCKBOX) address only:**



The undersigned principal officer and authorized tax officer of the company, jointly and severally hereby declare that this return (including any accompanying schedules and statements) has been examined by all signatories and is a true, correct and complete captive insurance premium tax return.

\_\_\_\_\_  
Signed by Principal Officer  
(or authorized official)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by Authorized Tax Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date